



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* ST. JOSEPH REGIONAL MEDICAL CENTER (PLYMOUTH CAMPUS)

*City of Hospital:* PLYMOUTH

*Year Begin:* 07/01/2012 (mm/dd/yyyy format)

*Year End:* 06/30/2013 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-0076

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$40687240	Contractual Allowance	\$76587572
Outpatient Patient Service Revenue	\$91814904	Other Deductions	\$5771844
Total Gross Patient Service Revenue	\$132502144	Total Deductions	\$82359416

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$50142727
Other Operating Revenue	\$1850380
Total Operating Revenue	\$51993107

#### 4. Operating Expenses

Salaries and Wages	\$14294937	Employee Benefits	\$3941834
Depreciation and Amortization	\$2490302	Interest Expense	\$250578
Bad Debt	\$2301745	Other Expenses	\$20644289
Total Operating Expenses	\$43923685		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8069423	Total Assets	\$65340823
Net Non-operating Gains over Loss	\$2808312	Total Liabilities	\$10068519
Total Net Gains	\$10877735		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$60670266	\$43923200	\$16747066
Medicaid	\$15447181	\$10624722	\$4822459
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$56384697	\$27811494	\$28573203
Total	\$132502144	\$82359416	\$50142728

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$45535	\$-45535

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$98987	\$-98987

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	85176
Number of Citizens Exposed to Health Education Messages	102190

### Statement Six: Charity Statement

Hospital Charity Charges	\$5771844
--------------------------	-----------

	Payments from	Less Costs to	Unreimbursed Costs
--	---------------	---------------	--------------------

	Clients	Hospital	to Hospital
Charity Care	\$0	\$1661710	
HCI Payments	\$0		
Subtotal	\$0	\$1661710	\$-1661710
Medicaid Shortfalls	\$4822459	\$65246632	
Subtotal	\$4822459	\$66908342	\$-62085883
DSH Payments	\$0		
Subtotal	\$4822459	\$66908342	\$-62085883
Medicare Shortfalls	\$16747066	\$17466924	
Other Government Programs	\$0	\$0	
Total	\$21569525	\$84375266	\$-62805741

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$115579	\$594789	\$-479210
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0